

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	LEVYING OFFICER (Name and Address):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	COURT CASE NUMBER:
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)	LEVYING OFFICER FILE NUMBER.:

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor _____ 2. Name and address of employee _____

 Social Security No. on form WG-035 unknown

3. The Notice of Filing Claim of Exemption states it was mailed on (date):
 4. The earnings claimed as exempt are
 a. not exempt.
 b. partially exempt. The amount not exempt per month is: \$
 5. The judgment creditor opposes the claim of exemption because
 a. the following expenses of the debtor are not necessary for the support of the debtor or the debtor's family (specify):

- b. the debt was for attorney's fees based on a court order under Family Code section 2030, 3121, or 3557.
 c. other (specify):

6. The judgment creditor will accept: \$ _____ per pay period for payment on account of this debt.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF DECLARANT)